

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								*			
1							51										
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45							95										
46							96										
47							97										
48							98										
49							99										
50							100										
TOTAL IND.	13																
TOTAL DEP.	8																
TOTAL CLAIMS	21																